

Exhibit P

REJECTION NOTICE - ADMINISTRATIVE REMEDY

DATE: OCTOBER 10, 2019

FROM: ADMINISTRATIVE REMEDY COORDINATOR
NEW YORK MCC

TO : JOSHUA ADAM SCHULTE, 79471-054
NEW YORK MCC UNT: 7 QTR:
150 PARK ROW
NEW YORK, NY 10007

FOR THE REASONS LISTED BELOW, THIS ADMINISTRATIVE REMEDY REQUEST
IS BEING REJECTED AND RETURNED TO YOU. YOU SHOULD INCLUDE A COPY
OF THIS NOTICE WITH ANY FUTURE CORRESPONDENCE REGARDING THE REJECTION.

REMEDY ID : 993689-F1 ADMINISTRATIVE REMEDY REQUEST
DATE RECEIVED : OCTOBER 7, 2019
SUBJECT 1 : LIBRARY SERVICES (EXCEPT LAW LIBRARY)
SUBJECT 2 :
INCIDENT RPT NO:

REJECT REASON 1: YOU DID NOT ATTEMPT INFORMAL RESOLUTION PRIOR TO SUBMISSION
OF ADMINISTRATIVE REMEDY, OR YOU DID NOT PROVIDE THE
NECESSARY EVIDENCE OF YOUR ATTEMPT AT INFORMAL RESOLUTION.

RWD 10/17

U.S. DEPARTMENT OF JUSTICE
Federal Bureau of Prisons

REQUEST FOR ADMINISTRATIVE REMEDY

Type or use ball-point pen. If attachments are needed, submit four copies. Additional instructions on reverse.

From: Schwartz, Joshua A 79471054 IDS MCC
LAST NAME, FIRST, MIDDLE INITIAL REG. NO. UNIT INSTITUTION

Part A- INMATE REQUEST

Request access to books like every other pretrial inmate. Since we are banned from the institution's library, I request a trial program that many state prisons now do - Kindle book readers and access the NYC Public library. Many other prisons do this - eReaders are very cheap these days. I spoke with Volpini who agreed that this was a good idea. It is a violation of the due process clause & BOP regulations not to give us access to a library. This is a very simple, cheap, and reasonable solution. There are only 5 of us - give us the opportunity to fill our days with knowledge.

DATE

SIGNATURE OF REQUESTER

Part B- RESPONSE

DATE

WARDEN OR REGIONAL DIRECTOR

If dissatisfied with this response, you may appeal to the Regional Director. Your appeal must be received in the Regional Office within 20 calendar days of the date of this response.

ORIGINAL: RETURN TO INMATE

CASE NUMBER: _____

CASE NUMBER: _____

Part C- RECEIPT

Return to: _____
LAST NAME, FIRST, MIDDLE INITIAL REG. NO. UNIT INSTITUTION

SUBJECT: _____

DATE

RECIPIENT'S SIGNATURE (STAFF MEMBER)

